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FROM: Quan L. Nguyen TIMEKEEPER NO.: 2350  
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# OF PAGES (INCLUDING COVER): 18 FILE NAME: 17400 CIP (OCU) ALLE6002-100  
DATE: August 3, 2006 FILE #: 186649

RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	Zohreh Fay	571-273-8300
<i>Docket No.:</i> ALLE6002-100		
<i>In re application of:</i> James A. Burke, et al.		
<i>Serial No.:</i> 09/998,718		
<i>Filed:</i> 11/01/2001		
<i>Group Art Unit:</i> 1618		
<i>Confirmation No.:</i> 7192		
<i>For:</i> Methods and Compositions for Treatment of Ocular Neovascular and Neural Injury		

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (in duplicate)
- Terminal Disclaimers (2 pages)
- Request for Reconsideration (7 pages)
- One Month Extension of time (2 pages)
- Declaration of L. Wheeler (2 pages)
- Declaration of S. Donovan (1 page)

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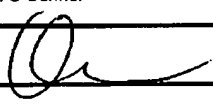
PTO/SB/21 (09-04)

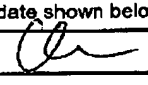
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/998,718
	Filing Date	11/01/2001
	First Named Inventor	James A. Burke
	Art Unit	1618
	Examiner Name	Zohreh Fay
Total Number of Pages in This Submission	Attorney Docket Number	ALLE6002-100 17400 CIP (OCU)

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Coversheet; Declaration of L. Wheeler; Declaration of S. Donovan
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>    </div>		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	August 3, 2006	Reg. No.	46,957

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Quan L. Nguyen	Date	August 3, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450.

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<b>FEE TRANSMITTAL for FY 2006</b>		<b>Complete If Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/998.718
		Filing Date	11/01/2001
		First Named Inventor	James A. Burke
		Examiner Name	Zohreh Fay
		Art Unit	1618
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$ ) 480	
		Attorney Docket No.	ALLE6002-100 17400 CIP (OCU)

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check  
 ☐ Credit Card  
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 ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account  
 Deposit Account Number: 50-1275  
 Deposit Account Name: Cozen O'Connor
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below  
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- ☒ Charge any additional fee(s) or underpayments of fee(s)  
 ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17  
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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
_____ - 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

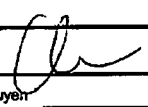
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Petition for one month Extension of Time	120
Other (e.g., late filing surcharge): <u>Two Terminal Disclaimers @ 180 Each</u>	360

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	46,957	Telephone	215-665-2158
Name (Print/Type)	Quan Le Nguyen	Date	August 3, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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